ADA Compliance and Accessibility of Fitness Facilities in Western Wisconsin

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Purpose: The study expands the research on fitness facility accessibility by determining how compliant fitness facilities in rural western Wisconsin were with Title III of the Americans with Disabilities Act (ADA). Comparisons were made with 4 other studies that were conducted in different geographical regions. The study also examined fitness professionals' disability knowledge and awareness. **Method**: An ADA fitness facility compliance instrument and a fitness professional disability awareness survey were used. Direct observation and physical measurements were taken during on-site visits to 16 of 36 eligible fitness facilities in rural western Wisconsin. Ten fitness professionals from participating facilities completed an online survey. Frequencies were used to analyze the results. **Results**: None of the participating facilities were in 100% compliance with ADA. Customer service desk (84%) and path of travel throughout the facility (72%) were the highest compliance areas. Telephone (6%) and locker rooms (32%) were the lowest compliance areas. No fitness professional was trained in wheelchair transfers and very few had received training in providing services to individuals with disabilities. **Conclusion**: Fitness facility accessibility remains a concern nationally. Continued efforts need to be made to raise the awareness of ADA compliance among fitness professionals across the United States, especially in rural areas where fitness facility availability is limited. **Key words:** *accessibility, Americans with Disabilities Act, disability, environmental barriers, fitness facility*

Almost 1 in 5 people living in the United States have a disability, a substantial number of whom have spinal cord injury (SCI).[1,2] Available data suggest that the number of individuals with a disability will continue to increase among all ages, but especially among the "baby boom" generation as they reach retirement age.[2,3] As the numbers of individuals with a disability continue to increase, there is an urgent need to provide appropriate programs that service their specific needs, particularly for those with physical disabilities such as SCI.

When compared to adults without a disability, a smaller proportion of adults with a disability met national recommendations for physical activity.[4,5] Nationwide, 25.6% of persons with a disability reported being physically inactive during a usual week compared with 12.8% of those without a disability.[3] According to the *Healthy People 2010* (HP 2010) report, significantly more people with disabilities reported having no leisure time physical activity when compared to people without disabilities (56% vs 36%).[1] When compared to people without disabilities, people with disabilities have higher rates of chronic conditions, for example, diabetes, depression and sadness, elevated blood pressure and blood cholesterol, obesity, tooth loss, and vision and hearing impairments.[1,2] The odds ratio for obesity in adults with lower extremity paralysis is 2.5 times higher compared to adults without disabilities.[6]

Physical activity programming opportunities may aid in offsetting the decline in health and functioning for people with disabilities. More specifically, physical activity can assist in improving or maintaining stamina, muscle strength, and flexibility, all of which contribute to functional ability and possibly to prevention of secondary conditions.[4,7,8] However, there are few physical activity programs that specifically promote the health of this population, especially those with SCI.[9] Due to the paucity of specific programs that target this population, it has been suggested that health and fitness professionals make a conscious effort to include individuals with disabilities into existing physical activity programs available to persons without disabilities.[4,8]

Previous research has indicated that the low incidence of physical activity participation observed among persons with disabilities is due to a multitude of factors,[10] but the most influential

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factors may be the built and social environments.[8,11] Barriers within the built environment include outdoor and indoor opportunities, lack of accessible facilities and programs, and lack of accessible exercise equipment. Outdoor physical activity environments have an inherently high level of inaccessibility for individuals with physical and sensory disabilities and therefore indoor fitness facilities may be the only viable alternative for physical activity participation.[12] Barriers within the social environment include poor attitudes of facility staff and members without disabilities, as well as the lack of staff/owner awareness of the needs of people with disabilities.[11] Many people with disabilities also perceive that fitness facilities are unfriendly environments for them.[2]

The American with Disabilities Act (ADA) protects against discrimination on the basis of disability in employment, government, public accommodations, commercial facilities, transportation, and telecommunication.[13] Title III of the ADA covers businesses and nonprofit service providers that are public accommodations, which include fitness facilities and similar entities.[2,13] The public accommodations must comply with specific requirements pertaining to architecture, policies, practices, and other accessibility requirements. Access into the initial built environment is one thing, but being able to use the fitness facility exercise equipment, programs, and policies contributes to an environment that promotes equal access and use by all members.[10,14]

There is an urgent need for, and right of, people with disabilities to participate independently in physical activity.[4,11] Fitness facilities can play a significant role in the social and behavioral patterns of health and physical activity for individuals with disabilities.[11,15] Previous fitness facility accessibility research has been conducted in Kansas,[7,16] Oregon,[17] and a small national representative sample.[12] There is a need for studies in other geographic regions to provide a better picture of fitness facility accessibility and accurate normative information for future benchmarking.[12,17]

The estimated adult (aged 18+ years) population living in Wisconsin with a disability is 18%.[18] Currently, there are very limited data on the accessibility of fitness facilities in this geographic region. Western Wisconsin is unique because it consists of one smaller urban area (>50,000 people) that is surrounded by many smaller rural areas. Given the geographic makeup of this region, one would expect less fitness facility availability when compared to more metropolitan areas, making access to these limited fitness facilities paramount. Previous research also suggests that rural areas have lower advocacy rates and are less accessible for individuals with disabilities.[15] The purpose of this study was to determine ADA compliance of fitness facilities in western Wisconsin.

Methods

Design

Direct observations and physical measurements were taken during on-site visits to the participating fitness facilities during the fall of 2009. Fourteen structural domains were used to examine fitness facility compliance according to Title III of the ADA. The structural domains were parking, ramps, exterior entrances/doors, elevators, locker rooms, public bathrooms, telephones, drinking fountains, accessibility around exercise equipment, exercise equipment, path of travel, aquatic/pool options, customer service desk/materials, and building accessories.

Sample

Thirty-six fitness facilities in western Wisconsin were identified through Internet search engines and local phone directories. Fitness facilities were defined as facilities open to both genders while offering an opportunity to use both cardiovascular and resistance training equipment. Facilities also incorporated one or more of the following services or programs: personal training, aquatic area, and/or fitness classes. The facilities were either private or nonprofit based.

A formal letter describing the study was sent to each of the 36 facilities. Follow-up phone calls were made weekly to the facilities that had not responded to the initial request. Of the 36 eligible facilities, 45% (16 facilities) voluntarily agreed to participate in the study and 5% (2 facilities) of the facilities declined participation in the study. Fifty

percent (18 facilities) of the eligible facilities did not respond to the initial letter or return follow-up phone calls.

Online survey response rates of participating fitness facilities' managers and lead/independent personal trainers were as follows: 12.5% (2 facilities) of surveys were completed by both a manager and a lead personal trainer, 37.5% (6 facilities) of surveys were completed by only a manager, and 12.5% (2 facilities) of the surveys were completed by only a lead personal trainer. There were 37.5% (6 facilities) of participating fitness facilities' managers or lead/ independent personal trainers who did not complete the online survey.

Measures

A modified version of the "Checklist for Assessment of Accessibility of Physical Fitness Facilities" used by Figoni et al[16] and Cardinal and Spaziani[17] was used as the measurement tool for this study (**Appendix A**). This measurement tool was selected for its ease of use, ability to modify items and structural domains, no cost association with use, and its utilization in previous research that examined accessibility of fitness facilities.[7,16,17] The measure was modified to eliminate some questions and to add new ones. The additional questions were taken from a survey created by the North Carolina Office on Disability and Health[14] or were created by the researchers through previous research inquiry. All of the questions were specific to ADA requirement measurements of accessibility.

The revised 70-item measure was specific to compliance with Title III of the ADA. The 14 structural domains that were measured included parking (4 items), ramps (3 items), exterior entrances/doors (6 items), elevators (5 items), locker rooms (13 items), public bathrooms (9 items), telephones (4 items), drinking fountains (3 items), accessibility around exercise equipment (5 items), exercise equipment (3 items), path of travel (6 items), aquatic/pool options (2 items), customer service desk/materials (4 items), and building accessories (3 items).

Information pertaining to the date of establishment as well as any remodeling dates was recorded for each of the participating facilities for descriptive purposes. Each item on the measure was assessed for ADA compliance, with responses recorded as either "yes," "no," or "N/A." ADA compliance scores for each structural domain of each facility were based on the number of accessible items divided by the total items for each structural domain. These scores were then averaged to obtain the compliance mean score for each area across facilities. A 10-item online survey (**Appendix B**) was used to examine professional knowledge (1 item), education (2 item), training (2 item), and facility policy (5 item). The items on the survey have been identified as barriers and facilitators to exercise participation for people with disabilities in previous research.[7,10] The survey was sent via e-mail to each participating facility's manager as well as one lead/ independent personal trainer.

Procedures

The study was approved by the university institutional review board. An informed consent document outlining the purpose of the study, benefits, and voluntary participation was signed by either the owner or manager of each facility.

Direct observations and physical measurements were taken during on-site visits to the participating fitness facilities during a 6-week period during regular business hours. A standard tape measure was used to measure each of the 70 items on the checklist. All participating facilities were evaluated by 1 or 2 researchers. Prior to on-site visits, all researchers conducted 2 pilot visits to university fitness facilities. An on-site visit script (**Appendix C**) was followed during each fitness facility visit to ensure uniformity of measurement procedures.

The confidentiality of the facilities' identity and results was guaranteed. If requested, owners/ managers were provided with a facility report and a list of recommendations for future considerations.

Results

The mean year of construction for the 16 participating facilities was 2001 (95% CI, 1994 – 2008). Four of the facilities had been remodeled between 1999 and 2009. None of the participating facilities were in 100% compliance with ADA. The compliance scores represent an average of all 16

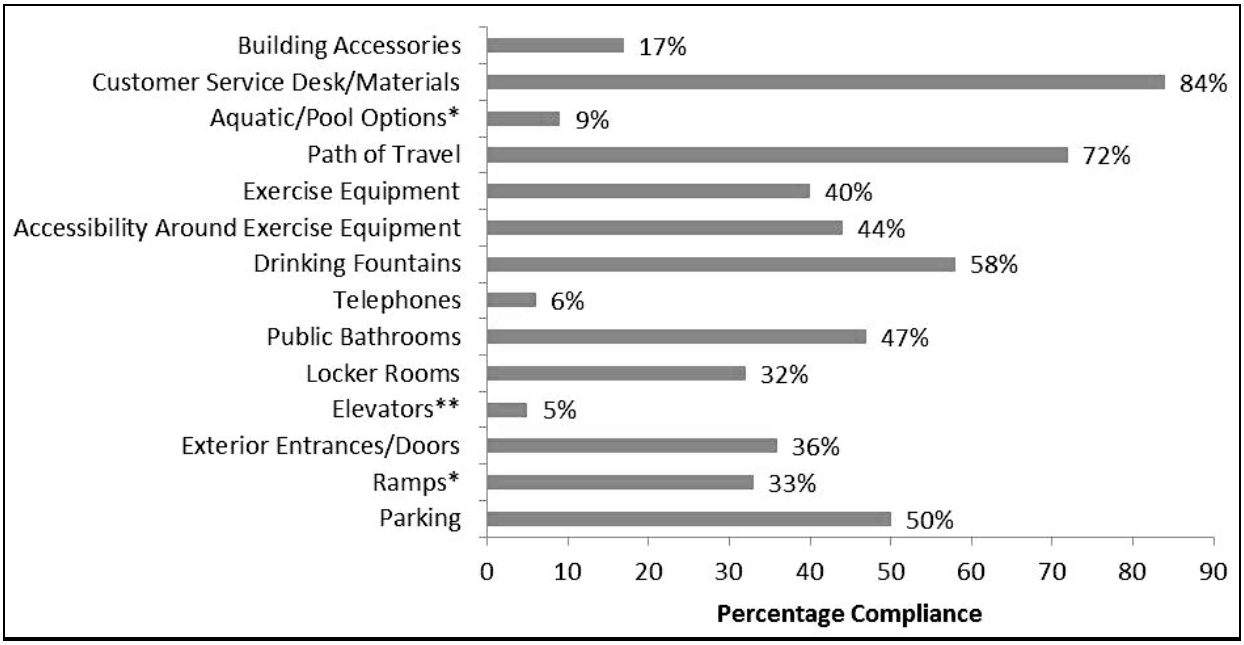

Figure 1. Percentage of fitness facilities in compliance with ADA requirements in western Wisconsin. *Two facilities had pools and required ramps for entry. **Only 4 facilities had elevators.

facilities. Of the 14 structural domains measured, customer service desk/materials (84%), path of travel throughout the facility (72%), and drinking fountains (58%) were the most compliant. The least compliant structural domains were locker rooms (32%), exterior entrance doors (36%), exercise equipment (40%), and accessibility around exercise equipment (44%). The results for each of the 14 structural domains are summarized in **Figure 1**.

The results of the 10-item online survey examining professional knowledge, education, training, and facility policy are based on 63% (10 facilities) of participating facilities responses. The results indicated that 100% of the facilities would offer a free membership trial to community members with a disability to determine whether the facility would meet their specific needs. Fifty-seven percent of respondents indicated that the facility would be willing to pay for continuing education opportunities to better assist persons with disabilities. Almost 55% of the respondents indicated that the facility would pro-rate membership fees based upon how much of their facility is accessible to individuals with disabilities. Areas in which respondents gave facilities low ratings included training in wheelchair transfer techniques (0%), employees take annual continuing education opportunities to better prepare them to provide programming for people with disabilities (7%), and employees received training in providing services to individuals with disabilities (8%).

Discussion

The study results indicate that none of the 16 fitness facilities accessed on the 14 structural domains in western Wisconsin were in 100% compliance with Title III of ADA. This overall outcome is consistent with outcomes from previous studies conducted in Kansas[7,16] and Oregon[17] using a similar measurement tool. The specific structural domain compliance levels ranged from 6% for telephone accessibility to 84% for customer service desk.

When examining some of the least compliant structural domains from this study, it appears that for the exercise equipment domain a majority of the fitness facilities provided free weights

that were less than 5 lbs. However, only 4 of the facilities provided exercise machines with weight increments less than 5 lbs, and only 2 of the facilities provided exercise machines that allowed for a seat or bench to be removed for wheelchair access. The latter point is troublesome if one assumes that a majority of aerobic equipment available to individuals with a disability would need this feature to allow use, especially if facility employees are not trained in wheelchair transfers as was the case in this study. When examining the locker room domain, adequate restroom stall door width, insulated covering for abrasive surfaces and hot water pipes underneath the sink, and accessible showers were the areas that most facilities were in least compliance with. When examining the exterior entrances/doors domain, a majority of the fitness facilities required the manual opening of doors, with only 2 facilities equipped with automatic door entry. Only one of the fitness facilities provided posted signage to a more accessible entry. This finding was troublesome, especially if individuals with disabilities are unable to open the manually controlled doors due to door pressure or lack of strength.

When comparing the current results to the study examining ADA compliance conducted in the Kansas City metropolitan area[16] on shared structural domains, the facilities in western Wisconsin were more accessible in 6 structural domains evaluated: customer service desk (84% vs 21%), accessibility around exercise equipment (44% vs 16%), locker room (32% vs 0%), drinking fountain (58% vs 15%), path of travel (72% vs 48%), and parking (50% vs 24%). In comparison to the study examining ADA compliance conducted in Topeka, Kansas,[7] on shared structural domains, the facilities in western Wisconsin were more accessible in one structural domain evaluated: customer service desk (84% vs 38%). When these results were compared to the study examining ADA compliance conducted in western Oregon[17] on shared structural domains, we found that the facilities in western Wisconsin were more accessible in 3 structural domains evaluated: path of travel (72% vs 58%), accessibility around exercise equipment (44% vs 8%), and customer service desk (84% vs 37%). Similar ADA compliance outcomes were found across studies for the following structural domains: parking,[17] public bathrooms,[17] drinking fountains,[7,17] and path of travel.[7]

The study results also indicate that all facilities included in the study would offer a free membership trial to individuals with a disability to determine whether the facility would meet their needs. These results were identical to the study conducted in Topeka, Kansas, that reported all facilities were willing to allow several free visits for a prospective member to assess the degree to which the facility would meet his or her needs.[7] This outcome is encouraging because previous research has indicated this policy issue as a barrier to physical activity for people with disabilities.[10] There was also a high willingness of facilities to pay for continuing education opportunities for their employees to better assist persons with disabilities. This outcome is very encouraging as well, given that these opportunities may lead to an increase in knowledge and awareness of the needs of this underserved population and lack of these opportunities has been identified as a barrier to physical activity for this population.[10] Additionally, the study reported a high willingness of fitness facilities to pro-rate membership based upon facility accessibility. Nary, Froelich, and White reported a higher percentage of facilities that were willing to pro-rate based upon facility accessibility.[7] In contrast, Rimmer et al reported that fewer than 25% of the facilities in their study were willing to adjust or pro-rate membership fees for persons with disabilities.[12]

The study results indicate that none of the facilities provided training in wheelchair transfer techniques. This outcome is in stark contrast to the Rimmer et al study that indicated that 50% of the participating facilities provided training to new staff members on how to assist individuals in transferring from wheelchairs to exercise equipment or swimming pools.[12] Forty-five percent of individuals with SCI report needing assistance with transfers.[6] This means that individuals with mobility impairments who may need minimal assistance to use existing facility equipment cannot do so due to lack of staff training. A small percentage of facility employees received

training in providing services to individuals with disabilities in the current study. In contrast, Nary, Froelich, and White indicated that 88% of the facilities reported employing staff with training in adapted fitness (no other details provided).[7] Lack of training in disability-specific training results in lack of knowledge and awareness, negative perceptions and attitudes, and can impact facility policy. The abovementioned variables have all been identified as barriers to physical activity for individuals with disabilities.[16]

A recurring trend about Title III ADA compliance in fitness facilities in the United States becomes apparent from these results and other published studies. The trend appears to be that more individuals with disabilities are able to enter fitness facilities but are not able to take advantage of programs, equipment, and other amenities that these facilities offer. It appears that owners/managers feel that accessibility issues only pertain to the built environment. However, barriers to physical activity for people with disabilities go beyond the built environment and include areas such as equipment, attitudes, knowledge, policies, and procedures. There is still a great need for ADA advocacy and increased awareness regarding the health promotion needs of individuals with disabilities among owner/managers and personal trainers.[3,4,7,8,10,12,14] Until the fitness facility industry begins to recognize people with disabilities as untapped consumers who may provide increased revenue in their market, the trend will continue in this direction. Individuals with disabilities should also be provided with the necessary information to advocate to change the direction of this trend. The Accessibility Instruments Measuring Fitness and Recreation Environments (AIMFREE) has been developed to allow individuals with disabilities to assess fitness facility accessibility based on their abilities and needs.[19]

The US Department of Health and Human services recognizes the need for more access to health promotion opportunities for people with disabilities as a national priority. Three of the HP 2010 Disability and Secondary conditions objectives were retained (1 modified) for the HP 2020 objectives.[17] The first objective, to reduce the proportion of people with disabilities reporting environmental barriers to participating in home, school, work, or community activities, speaks to the need for more Title III ADA compliance in the built environment.[7,10,12,16,17] The second objective, to reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs, clearly speaks to the need to address other barriers to physical activity for people with disabilities other than the built environment (ie, policy, procedures, cost, attitude, training).[3,7,8,10,14,17] The third objective, to increase the proportion of adults with disabilities who participate in social, recreational, community, and civic activities to the degree that they wish, recognizes the need for health promotion professionals to empower individuals with disabilities with the knowledge and skills to live a healthy active lifestyle.[3,4,7,8,11,20]

The comparisons discussed should be interpreted with caution due to the following limitations. First, the sampling procedures used in the current study differed from the previous studies conducted in Kansas and Oregon. Second, the geographic region make-up (rural vs urban vs metropolitan) of the current study differed from previous studies in Kansas and Oregon. Third, the measure used in the current study was slightly modified from the measures used in Kansas and Oregon. Fourth, comparisons related to the results of the survey examining professional knowledge, education, training, and facility policy were based on a dissimilar measure. Finally, the results of the current study may portray an overly positive image and may not be able to be generalized, because 56% of the facilities contacted either directly refused to participate or did not respond to an invitation to participate in the study. This was an unfortunate outcome due to the dearth of fitness facilities that exist in the western Wisconsin region and for the people with disabilities who cannot access them.

The current study and previous research suggest that Title III ADA compliance is a major concern nationally among fitness facilities, owner/managers, and employees. Continued efforts need to be made to raise the awareness of ADA compliance in fitness facilities across the United States. Improving Title III ADA compliance in fitness facilities could potentially allow for greater facility access to

individuals with disabilities. Providing accessible and disability-friendly indoor exercise settings is imperative, because of the inherent barriers to outdoor physical activity environments for people with disabilities.[8,11,12] Increased fitness facility accessibility is vital, especially in smaller urban and rural areas where limited fitness facility availability is a compounding factor. This is particularly important for people with SCI given that most of them utilize assisted devices for mobility, which inhibits their ability to engage in outdoor physical activity pursuits. Increased ADA compliance in fitness facilities will also provide people with SCI greater access to exercise equipment and programs, which can lead to prevention of secondary health conditions and improve quality of life through maintenance of healthy lifestyles.

Owner/managers of fitness facilities are encouraged to read "Removing Barriers to Health Clubs and Fitness Facilities" for insightful suggestions on making their facility more accessible.[14] Participating facilities in this study were given a copy of this document, and very few were previously aware of its existence. Health promotion professionals are encouraged to complete the Certified Inclusive Fitness Trainer (CIFT) certification co-sponsored by the National Center on Physical Activity and Disability and the American College of Sports Medicine to acquire the information needed to prescribe appropriate exercises and programs for populations with disabilities.[21] Increasing owner/manager and employee/trainer knowledge and awareness of disability-related issues could potentially lead to increased participation among this underserved population due to positive changes in attitude, information availability, policies, and procedures.

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APPENDIX A

Facility Site Checklist

Facility Name: _____

Facility Establishment: _____

Date of Last Modification to Facility: _____

		Yes	No	N/A
A.	**Parking**			
1.	Is accessible parking provided?	____	____	____
2.	Are spaces clearly identifiable? (Signs in front of spot and painted directly on the spaces)	____	____	____
3.	Are the accessible parking spaces the closest spaces to the building's accessible entrance to your building?	____	____	____
4.	Are spaces at least 96-in. wide?	____	____	____
B.	**Ramps**			
5.	Is the building accessible without ramps?	____	____	____
6.	Are ramps present at the entrance of your facility?	____	____	____
7.	If the ramp is longer than 72 in., are handrails on both sides?	____	____	____
C.	**Exterior Entrances/Doors**			
8.	Is opening a door required to enter the building?	____	____	____
9.	Can the door be opened without hardware that requires grasping or twisting?	____	____	____
10.	Does your facility offer automatic door(s) options?	____	____	____
11.	If accessible doors are not available, do you have signs to redirect clients to an accessible door?	____	____	____
12.	Are a series of doors required to enter the building?	____	____	____
13.	Do doors have a minimum clear opening space of 32 in. and a maximum of 24 in. depth between sets of doors?	____	____	____
D.	**Elevators**			
14.	Is an elevator required to access all levels of the facility?	____	____	____
15.	Are public elevator(s) located in the public areas that will allow access to all levels?	____	____	____
16.	Are the call buttons centered at 42 in. or lower from the floor?	____	____	____
17.	Do elevator doors remain open a minimum of 5 seconds?	____	____	____
18.	Are elevator doors a minimum of 36 in. wide when fully open?	____	____	____
E.	**Locker Rooms**			
19.	Are restrooms provided in the locker room?	____	____	____

20.	Are restroom doors at least 32 in. wide?	____	____	____
21.	Are toilet stalls used in the restroom?	____	____	____
22.	Are the toilet stall doors at least 36 in. wide and do they swing outward?	____	____	____
23.	Are grab bars installed?	____	____	____
24.	Are grab bars mounted 33 to 36 in. from the floor?	____	____	____
25.	Is the toilet height 17 to 19 in. from floor to top of seat?	____	____	____
26.	Is the sink mounted with the counter or rims no higher than 34 in. above the floor and does it have a knee clearance of at least 27 in. high, 30 in. wide, 19 in. deep?	____	____	____
27.	Are hot water pipes and/or abrasive surfaces beneath the sink insulated to protect against contact?	____	____	____
28.	If lockers are available, is the lowest locker at a a height of 36 in. or lower?	____	____	____
29.	Do you have at least one accessible mirror available?	____	____	____
30.	If so, does the mirror's lower edge come no more than 40 in. from the ground?	____	____	____
31.	Does your facility offer an accessible shower with a a seat for a member who uses a wheelchair (36 x 36 in.)?	____	____	____

F. Public Bathrooms

32.	Are public restrooms provided additionally to locker room?	____	____	____
33.	Are restroom doors at least 32 in. wide?	____	____	____
34.	Are toilet stalls used in the restroom?	____	____	____
35.	Are the toilet stall doors at least 36 in. wide and do they swing outward?	____	____	____
36.	Are grab bars installed?	____	____	____
37.	Are grab bars mounted 33 to 36 in. from the floor?	____	____	____
38.	Is the toilet height 17 to 19 in. from floor to top of seat?	____	____	____
39.	Is the sink mounted with the counter or rim no higher than 34 in. above the floor and does it have a knee clearance of at least 27 in. high, 30 in. wide, 19 in. deep?	____	____	____
40.	Are hot water pipes and/or abrasive surfaces beneath the sink insulated to protect against contact?	____	____	____

D. Telephones

41.	Are public telephone(s) provided?	____	____	____
42.	Is a Text Telephone (TTY) phone offered?	____	____	____
43.	Are the telephone buttons big enough to see numbers and letters?	____	____	____
44.	Is there a telephone available that clears a floor space of 30 x 40 in.?	____	____	____

H. Drinking Fountains

45.	Are public drinking fountains provided?	____	____	____
46.	Is the spout of the fountain 36 in. or lower from the floor?	____	____	____
47.	Are the front or side mounted controls of the fountain near the bottom edge?	____	____	____

I. Accessibility Around Exercise Equipment

48.	Is there an accessible route at least 36 in. wide to, between, and around all exercise equipment within the facility?	____	____	____
49.	Is route free of permanent obstruction(s)?	____	____	____
50.	Is route free of temporary obstruction(s)?	____	____	____
51.	Is the route on floors surfaces slip resistant, stable, and firm?	____	____	____
52.	Are there signs in your facility that direct people to accessible equipment?	____	____	____

J. Exercise Equipment

53.	Does your facility have equipment that allows a seat or bench to be removed in order for wheelchair accessibility?	____	____	____
54.	Does your facility offer low weight increments for machines, (such as 1 lb to 5 lbs)?	____	____	____
55.	Does your facility offer low weight free weights that are less than 5 lbs?	____	____	____

K. Path of Travel

56.	Is the route free of permanent obstruction(s)?	____	____	____
57.	Is the route free of temporary obstructions(s)?	____	____	____
58.	Are floor(s) surfaces slip resistant, stable, and firm?	____	____	____
59.	Does the floor surface have carpet covering? (If no, skip to J61)	____	____	____
60.	Does carpet floor covering have pile thickness of 1/2 in. or less and are exposed edges of carpet fastened to the floor with trim along entire edge?	____	____	____
61.	Is a minimum clear path of travel a width of 36 in., except at doors?	____	____	____

L. Aquatic / Pool Options

62.	Does you facility have a pool?	____	____	____
63.	If your facility offers a pool, is there assistive equipment (such as a lift) for entrance and exit?	____	____	____

M. Customer Service Desk / Materials

64.	Do you have a customer service desk located in a public area?	____	____	____
65.	Does the desk or counter have a portion with a maximum of 36 in. in height? If not, is there a desk located nearby that would be used for this purpose?	____	____	____
66.	Are your facility's materials available at multiple locations and heights? (Posters, brochures, flyers, advertisements, tables, counters)	____	____	____
67.	Can the reception or waiting room space accommodate someone using a wheelchair, service animal, or scooter?	____	____	____

N. Building Accessories

68.	Are facility signs accompanied with Braille text?	____	____	____
69.	Are there steps in your facility?	____	____	____
70.	If stairs/steps are present in your facility, are handrails on both sides of the stairs/steps?	____	____	____

SOURCES

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APPENDIX B

10-Item Online Survey Questions

1. Can potential members with a disability receive a free trial visit to assess the degree to which the facility meets his/her needs?
2. Can membership fees be pro-rated on how much of the facility is accessible to an individual with a disability?
3. Do your employees receive training in providing services to individuals with disabilities?
4. Does your facility offer fitness/aerobic classes that can be taken by an individual who may have a disability?
5. Do your employees take annual classes to further educate themselves in working with individuals with disabilities?
6. Would your facility be willing to pay employees to attend current training/certification education opportunities to better assist a person with disabilities?
7. Do you have an employee(s) who is/are responsible for accessibility issues?
8. Are your employees trained in wheelchair transfer techniques?
9. Is the customer service desk in your facility accessible to individuals with disabilities?
10. If TV viewing is offered in an exercise area, is closed caption available?

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APPENDIX C

ADA Compliance and Accessibility of Fitness Facilities in Western Wisconsin On-Site Script

1. Call eligible fitness facilities.
2. If eligible fitness facility agrees to participate, schedule time to meet with them for one hour.
3. Travel to fitness facility.
4. Introduce self and purpose of research study.
5. Review IRB form and answer any questions related to study.
6. Fitness facility manager signs IRB form (copy for you, copy for manager).
7. Start evaluation measurements (start with parking then entrance into facility).
8. Finish measurements.
9. Explain to manager the e-mail survey that will be received specific to psychosocial, staff education, and facility policies. Encourage manager to complete the survey.
10. Leave fitness facility.